Long-Time Trends in Illness and Medical Care

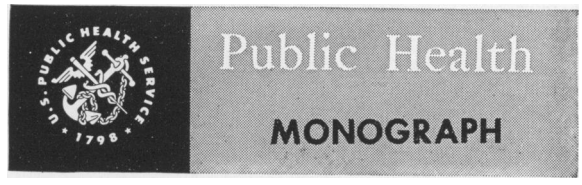
THIS STUDY is devoted largely to several indexes of illness, medical care and mortality in various population groups. Trends of mortality in the civilian population are shown by age, for all causes, and by important causes, for all ages.

Comparisons of urban and rural residents with respect to illness, hospital care in short-term hospitals, and also in long-term mental and tuberculosis hospitals, are made for certain places. In war and postwar periods, Federal hospitals carry a considerable load of care of men in the armed forces and veterans of those forces.

Data are shown for (*a*) relative age variation of illness for many specific acute and chronic diseases and (*b*) relative seasonal variation of illness from disease groups and specific diseases. For the chronic diseases, these age and seasonal variations are shown in terms of acute exacerbations or attacks of the disease.

Mortality from disease and accident (exclusive of battle casualties) in the armed forces during the past century follows the same general trend as mortality among civilian males of comparable ages. Obviously, mortality rates for civilians of all ages would be higher than for the armed forces, because the great majority of those forces are young men of the healthy ages, who have been carefully examined for disease, physical impairments, and mental and neurological abnormalities before being taken into the services. However, mortality rates from disease only, exclusive of all accidents and battle casualties, are higher among civilians of comparable ages than among the armed forces, presumably because the diseased and the impaired are rejected in the entrance physical examinations.

Life expectancy at birth in the United States has increased in the last half-century from 49 to 69 years, an addition of 20 years to the average life expectancy. Another figure of equal interest which can be obtained from life tables is the proportion of persons in a cohort of 100,-



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The accompanying summary covers the principal findings presented in Public Health Monograph No. 48, published concurrently with this issue of Public Health Reports. The author is with the Division of Public Health Methods, Public Health Service.

Readers wishing the data in full may purchase copies of the monograph from the Superintendent of Documents, Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and of the major universities and in selected public libraries.

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Collins, Selwyn D.: A review and study of illness and medical care, with special reference to long-time trends. Public Health Monograph No. 48 (Public Health Service Publication No. 544). 86 pages. Illustrated. U. S. Government Printing Office, Washington, D. C., 1957.

000, that is, persons who are assumed for purposes of computation to have been born alive at the same instant of time, who are still living at different ages. For example, according to the life table based on 1953 mortality, 97 percent of these infants would be alive at the end of their first year, but only 87 percent according to the 1900–1902 (1901) table; at 50 years of age, 89 percent would still be alive according to the 1953 table, compared with 59 percent by the 1901 table; and at 85 years, 17 percent would be alive by the 1953 table, but only 6 percent by the 1901 table. Thus, at approximately present mortality rates, nearly three times as many people will reach 85 years of age than would reach that age at death rates of 50 years ago.

First admission rates per 1,000 population to State mental hospitals in New York have increased since 1900 in about the same proportion as heart disease death rates in the total United States. Compared with the increase in heart diseases, noninfectious disease mortality exclusive of heart diseases has increased only gradually.

Of 7 major causes of first admissions to State mental hospitals in New York, 5 have increased considerably since 1925, but the other 2 have decreased markedly. Of the same 7 diagnoses, 3 are higher for women than for men (senile, manic-depressive, and involutional psychoses). First admission rates for alcoholic psychosis and general paresis are much higher for men than for women, and cerebral arteriosclerosis rates are somewhat higher for men. Schizophrenia rates were slightly higher for men up to about 1950, but the reverse is true for the years since that time.

First admissions of epileptics to institutions for their care in New York State decreased from 2.5 to 1.4 per 100,000 population, or 44 percent, in the 18 years from 1933 to 1951; but first admission rates of mental defectives decreased only from 9.1 in 1930 to 7.9 per 100,000 in 1951, or only 13 percent.

Traineeships in the Rehabilitation of the Blind

A limited number of traineeships in rehabilitation of the blind are offered by the Industrial Home for the Blind, Brooklyn, New York. Each traineeship amounts to $50 per week. There is no tuition fee.

The training program, developed by the Industrial Home for the Blind in cooperation with the Office of Vocational Rehabilitation, Department of Health, Education, and Welfare, combines academic and field experience into 20-week and 40-week courses for the preparation of vocational counselors and other vocational specialists serving the blind.

In order to qualify for traineeships, applicants must have a bachelor's degree from a recognized university or the equivalent in training and experience. They must have a clear vocational goal in work for the blind as well as emotional stability and personal readiness for professional training. Blind applicants are expected to have mastered the essential tools of learning without sight—self-travel, typing, braille, and the use of recording equipment.

Application blanks and further information may be obtained by writing to Dr. Herbert Rusalem, Director of Professional Training, Industrial Home for the Blind, 57 Willoughby Street, Brooklyn 1, New York.